

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027721

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

178

Primary Registration District No.

Registrar's No.

68

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Lewis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Highland

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR HIGHWAY 156 W/O
INSTITUTION Ewing

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN Steffenville

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lennie

Dennison

4. DATE OF DEATH

Month

Day

Year

July 20, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr. 1, 1901 61

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Driver - BD of Education

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Seahorn, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John A. Dennison

13b. MOTHER'S MAIDEN NAME

Margaret Corbin

14. NAME OF HUSBAND OR WIFE

Bessie Dennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Bessie Dennison, Steffenville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Internal injuries, Crushed chest 15 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Auto accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car ran off road into ditch

20c. TIME OF INJURY

Hour Month, Day, Year

6 P.M. 7-20-1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

Highway 156

COUNTY

Lewis

STATE

Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at 6:00 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carl H. Buehly, Coroner

22b. ADDRESS

Canton, Mo.

22c. DATE SIGNED

8-20-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Steffenville Cemetery Steffenville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

H.M.O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.

7-26-62

26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H M C. Danna*

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.